

Shingles (Herpes Zoster) Fact Sheet

1. **What is shingles?** - Shingles is a reactivation of a varicella-zoster virus infection, the virus that causes chickenpox. After having chickenpox or the chickenpox vaccine, the virus remains in the body in a dormant state and then reactivates later in life. It can reactivate at any time; some persons develop shingles within weeks of receiving the chickenpox vaccine, while others develop shingles several decades after having chickenpox. Why the virus reactivates in some individuals and not others is unknown.
2. **Who gets shingles?** – Approximately 1 in 3 persons in the United States will develop shingles. About half of the people who get shingles are 60 years of age or older, but the disease does occur in younger individuals, even children. Persons with a compromised immune system are at increased risk of disease. Shingles affects both sexes and all races with equal frequency and occurs sporadically throughout the year.
3. **How is shingles spread?** - A person must have had chickenpox or the chickenpox vaccine in the past to develop shingles. Contact with an infected individual does not cause another person's dormant virus to reactivate. However, the virus from a shingles patient may cause chickenpox in someone who has not had it before.
4. **What are the symptoms of shingles?** - The first sign is often a tingling feeling on the skin, itchiness or a stabbing pain. After several days, a rash appears beginning as a band or patch of raised dots on the side of the trunk or face on one side of the body. It then develops into small, fluid-filled blisters, which begin to dry out and crust over within a few days. When the rash is at its peak, symptoms can range from mild itching to extreme and intense pain. The rash and pain usually disappear within three to five weeks. However, the pain can persist for a longer time period, a condition known as post-herpetic neuralgia.
5. **When and for how long is a person able to spread shingles?** - People exposed to a patient with shingles will not get shingles but may get chickenpox. The virus is present at the site of the rash and is contagious for a week after the appearance of blisters.
6. **Does past infection make a person immune?** – An episode of shingles does not make a person immune to future episodes. The virus remains latent in the body for life and may reactivate multiple times. Those with impaired immune systems (people with AIDS, cancer, or leukemia) are more likely to suffer repeated attacks.
7. **What are the complications associated with shingles?** – The most common complication of shingles is a condition called post-herpetic neuralgia (PHN). PHN is a severe pain that lingers in the area of the rash after the rash has gone away. The pain may be debilitating but it usually goes away in a few weeks or months, although it can last for several years in some persons. Shingles can also cause serious damage to the eye. Therefore, anyone with shingles on the upper half of their face, no matter how mild, should seek medical care at once. Other



complications are rare but may include pneumonia, partial facial paralysis (usually temporary), ear damage, or encephalitis (inflammation of the brain).

8. **What is the treatment for shingles?** - Most cases of shingles resolve on their own without specific treatment. Three medications that can be used to shorten the duration and lessen the severity of shingles are acyclovir, valacyclovir, and famciclovir. However, these treatments must be started as soon as possible after the rash appears, so it is important to see a healthcare provider at the earliest opportunity.
9. **Is there a vaccine to prevent shingles?** - Yes, Zostavax™, made by Merck, was licensed in 2006 by the Food and Drug Administration (FDA) for use in people 60 years old and older to prevent shingles. Zostavax does not treat shingles or post-herpetic neuralgia once it develops. The vaccine has been tested in thousands of people aged 60 years old and older. Zostavax prevented shingles in about half (51%) of the people and post-herpetic neuralgia in 67% of the study participants. While the vaccine was most effective in people 60-69 years old it also provided some protection for older groups. The most common side effects in people who got the vaccine were redness, soreness, swelling, or itching at the shot site, and headache.
10. **Who should get the shingles vaccine?** - The Advisory Committee on Immunization Practices (ACIP) recommends a single dose of zoster vaccine for adults 60 years of age and older whether or not they report a prior episode of chickenpox (studies show that more than 99% of Americans over age 40 have had chickenpox). Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition. Even those who have had shingles in the past should receive the vaccine to prevent future occurrences.
11. **Who should not get the shingles vaccine?** - Zostavax should not be administered to individuals:
 - a. With a history of anaphylactic/anaphylactoid reaction to gelatin, neomycin, or any other component of the vaccine.
 - b. A person who has a weakened immune system due to:
 - (1) HIV/AIDS or another disease that affects the immune system,
 - (2) Treatment with drugs that affect the immune system, such as steroids,
 - (3) Cancer treatment such as radiation or chemotherapy, or
 - (4) A history of cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma.
 - c. Women who are or may be pregnant.



- d. Deferral of vaccination should be considered in acute illness, for example, in the presence of fever $>38.5^{\circ}\text{C}$ ($>101.3^{\circ}\text{F}$).

12. **For more information about Shingles:** <http://www.cdc.gov/shingles/about/index.html>

This fact sheet provides general information. Please contact your physician for specific clinical information.